死生学

DALS Newsletter No.5

Construction of DEATH and LIFE STUDIES Concerning Value and Culture of Life

21st century COE Program, The University of Tokyo
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CONTENTS

http://www.l.u-tokyo.ac.jp/shiseigaku

From *Shiseigaku* as Thanatology to *Shiseigaku* as Death and Life Studies

Takeuchi Seiichi

While the Japanese word shiseigaku has been understood as a translated term of the English word thanatology, this project uses shiseigaku to invoke something other than thanatology. We intentionally rendered shiseigaku in English as Death and Life studies to convey our different views and goals to construct a new field of academic discipline. I want to jot down a few of my impressions since this project began a year and a half ago.

First, I think it is important to recognize and understand fully that Death and Life Studies is first and foremost a study on death and life, and not merely a discipline that studies only death. Of course, this is not to say that thanatology lacks a perspective on life, but it is hard to deny that thanatology is a discipline that tends to focus on death given that the name originates from the anthropomorphied god of death Thanatos, and is defined in Daijirin dictionary as a "study about death, death studies." Compared to thanatology which configures death as an independent subject separate from life, death and life studies aims to understand and study death and life as a interrelated and inseparable subject. (Even without the strict sense of the meaning as expressed by the Buddhist term shoji). To "clarify life and death" is a practice that continuously approaches and treats death and life as an integrated subject, and to put it in slightly Freudian terms, death and life studies calls into question not only Thanatos but also Eros as well.

The reason why I want to re-articulate this difference between thanatology and death and life studies comes from my own impression of the recent phenomenon that behind the questions and inquiries on death and the ending of life, I feel a strong tendency to focus solely on Thanatos. The following statistical numbers demonstrate my point. A while ago, at a symposium that I participated in, one of the panelists reported the following research result. To the question "do you think that human race will become extinct during your life?" the majority of fifth and sixth graders and junior high school students answered "yes," and over 60% of male junior high school students answered "yes." (Kurokawa So, Kodomo Chosa Kenkyujo chosa, 1988) In a different study conducted by another panelist, over 40% of university students answered "credible" and "possible" when asked their opinions regarding the likelihood of apocalyptic prophecies. (Inoue Yoshitaka, Shukyo ishiki ni kansuru chosa,1993). Certainly, there are aspects in these questionnaires that require further articulation and criticism. However, these numbers demonstrate that it is not a mere personal impression but rather a fact that there is a certain undeniable atmosphere in the public that tends to focus on Thanatos. These studies also reveal the unprecedented situation that we need to inculcate the idea of a "zest for living" to our children. To add a few more words to this, I want to comment that the meaning of sei, or living — the first category of the four sufferings seiroubyoush (living, aging, illness, and dying) expounded in Buddhism— continue to occupy my mind. It is said that originally the sufferings in Buddhism consisted of roubyoushi or aging, illness, and dying, and the category of sei or living was a later addition. The category of sei or living probably does not signify the biological pain caused by being born, and

whatever the precise meaning is, it probably relates to “one’s existence resulting from being born” or “the existence and being = the living existence.” I am interested in understanding how Buddhism negotiates sei or living (not as an opposite of death or that which is over on the other side), and the affirms sei itself (pleasure, Eros).

Returning to the topic of shiseigaku, it is fitting to describe our project as an attempt to integrate an aspect of thanatology as a clinical shiseigaku critically. In other words, it is a necessary condition to our project that while we view the clinicality and the actuality of thanatology as significant factors of our study, we continue to hold on to the continuity and the relationship between thanatology and intellectual history, culture, and value simultaneously. We consciously pursued and pressed these issues in the symposium last June “Perspectives on Death and Life and Applied Ethics” and a symposium in November “Bioscience and Spirituality.” Considering the name for our project again, its full title is “Construction of Death and Life Studies Concerning the Culture and Value of Life.”

Another pivotal difference that should be noted between thanatology and death and life studies is that while thanatology is based on “cultures and values” of Western thoughts, death and life studies does not limit its scope of study to the West alone. I strongly hope for wider and deeper developments in the actuality and traditions of death and life with varied and concrete examples.

Book Review: Tsuruta Shizuka, *Begitarian no bunkashi* [Cultural History of Vegetarianism]

Ichinose Masaki

There is one puzzling phenomena today that I just cannot get my head around. In the midst of continued news and reports on BSE and bird influenza, why are there no media reports that discuss the option of becoming a vegetarian in this context? It should be obvious that choosing a life that consumes no meat products is a powerful option in the days when the safety of food causes so much anxiety. Perhaps there is a consideration for the livelihood of animal farmers. However, there is not even a mention of the concept of “vegetarian” in recent reports. It seems almost unnatural to me. I have, in fact, been almost a vegetarian myself for the last fifteen years. I qualify myself with an “almost” because I eat eggs and dairy products and even fish once in a while. I suppose the term “seafood vegetarian” designates the kind of vegetarian I am. Regardless, vegetarians have a difficult time in Japan. They are often received with skepticism. And more often than not, people scrutinize me with questions like “why?” “how can you justify eating plants?” I am troubled each time. I am a vegetarian simply because I cannot bear the idea of killing animals. Furthermore, I believe that as long as I feel incompetent to kill them, it is insolent to consume them. Rather, I feel strongly that those who consume meat themselves have the burden of proof to show why they think it is acceptable to eat meat. From that moment, it was no longer possible for me to consume neatly packaged meat that bears no trace of the idea of killing.

Given this background, I was attracted to the title of this book *The cultural History of Vegetarianism*. The book provides the width of trajectories for the historical and intellectual aspects of vegetarianism, and in that sense, I feel slightly more confident to lead my otherwise non-descriptive attitude of living. Tsuruta first asserts that vegetarianism in English should not necessarily be translated as *saishokushugi-sha* in Japanese by pointing out that the etymology of vegetarianism can be traced to *vegetus* in Latin, which signifies robust and active and that the original definition of the word is "people who are healthy, full of life, and strong." However, because those who avoid consumption of meet were healthier and stronger, the word became a synonym of *saishokushugi*, or a principle of consumption of vegetables. Moreover, Tsurumi also demonstrates that starting with Emperor Tenmu's implementation of Buddhist policies, the Japanese have basically consumed only vegetables until one hundred years ago, and it has only been after the Meiji restoration that meat-consumption became wide-spread, like a fever, in Japan. Tsurumi contends that the fact that the word vegetarianism became a translation for and equivocal of *saishokushugi* in Meiji only points out that the Japanese who had unconsciously been practicing a vegetarian diet were only re-conceptualizing vegetarianism. Tsurumi then delineates the trajectories of vegetarianism by tracing the history of vegetarianism and those who sided with its principles. The history of vegetarianism is adorned with dazzling figures such as Pythagoras, Hesiodos, Leonardo da Vinci, Rousseau, Henry Thoreau, Wagner, Bernard Shaw, Tolstoy, Miyazawa Kenji, and Hitler. Listing the issues that Tsurumi argues as the reasons for vegetarianism, they are (1) good for health, (2) meat is expensive, (3) protection of animals, (4) the theory of reincarnation that believes the consumption of animals leads to the consumption of oneself, (5), an aesthetic sense that meat is dirty, and (6) ecological theory based on the laws of entropy. Of these six points, the last point was most intriguing to me. Tsurumi demonstrates that depending on the kinds of farming, an enormous facility and large amounts of feed are necessary to produce meat for human consumption. He argues that in order to produce one kilogram of beef, a farmer uses at least ten kilograms of feed, plus the fertilizer required to produce the feed, leading to a striking increase of entropy than producing vegetables for consumption. It is telling evidence for the direct relationship between environmental ethics and vegetarianism. Tsurumi also points out stimulating facts on the relationship between feminism and vegetarianism. For example, those who have carried out political revolutions tend to be vegetarians, and that 5000 people in United Kingdom become vegetarian every week, which now occupies about seven percent of the adult population. We now know that soy beans and wheat are great sources for good quality protein. We should recognize that vegetarian food does not merely mean salads and eliminate the facile prejudice against vegetarianism. Reading this book, I was left with a stronger conviction that now is the time to seriously consider vegetarianism as an effective life/environmental ethical idea for the continuation of human race.

(Chuko Bunko, 2002)

The Actuality of "Hospice/Palliative Care Hospitals" in Japan

Kai Ichiro

The service of hospice and palliative care units (abbreviated as hospice in what follows) can be defined through these three aspects: 1) for patients in so-called "terminal phase" whose disease has reached an incurable state 2) to provide alleviation of their symptoms and pain, rather than trying to cure and 3) a holistic approach as an institution that strives to offer care that considers the social, psychological, and spiritual aspects of the patients pain.

Hospice as an institution originated in Western countries in the 1960s as a kind of "movement" responding and reacting to the excessive life-sustaining treatment and the over-medicalization of the death and dying process in the terminal phrases of illness. Although hospice care utilizes varied medical technologies in order to alleviate the symptoms and pain of the patients, the main goal of a hospice is to sustain the everyday living of the patients as much as possible, and is considered a non-medical institution.

In Japan, a few hospitals began to experiment with the concept of "hospice" in the 1970s, and in 1990 the Ministry of Health and Welfare publicly acknowledged hospice units. In 1991, the "Japan Council for Hospice and Palliative Care Units" was founded, and they have established the regulative rules and standards. However, comparing hospices in Japan to the West, the number of hospice units still remains rather small. Under the "approved palliative care units" there are 124 institutions registered while under "non-approved units," there are 61 registered. In addition, compared to the West, there are very few independent hospices in Japan, and the majority are operated as independent in-hospital units (meaning, although the hospice stands on the same site, the hospice is allotted a separate building as well as administrative body) or an independent ward (meaning the hospice is administrated as a part of the hospital). In other words, most hospices fall under the category of the hospital with regard to medical law.

Since I have limited space here, I will briefly outline the main issues for hospices in Japan. (These remarks are general remarks and are not necessarily applicable to model cases such as the one we visited yesterday.)

1) Views of the general hospitals sending patients to hospice: As noted earlier, the terminal phase is defined as the period during which no radical treatment is possible. In the case of cancer, it is usually defined as the last six months before the patient's death. However, most medical doctors in Japan continue to intervene with treatment until a very late period of the patient's illness. (In other words, the doctors don't "give up the fight.") Thus, when the patients are referred to the hospice, the patients are literally in the last phase of their illness, which do not provide enough time for the hospice care staff to formulate a good rapport and relationship with the patient. In addition, although it is necessary that the patients understand their illness and symptoms, it is often the case that the patients arrive at the hospice not even knowing the name of their illness (or lacking sufficient understanding of their illness).
2) View of the patients: Perhaps this is related to the point above, but there are a few patients who are admitted to a hospice and yet continue to ask for radical treatment for their illness.

3) Fostering a system of experts: With its fairly recent development, the educational system with which to foster experts is behind when compared to the West. In particular, there are very few specialists in psychology and spiritual care.
4) Support for employees: Related to the above point, there is not enough support for the employees of hospice in general, and many cases of burn-out are reported. In particular, I think the problem lies in the education of the medical specialists. They are traditionally trained with a principle that saving the life of the patient is the mandate of their profession, and often they view the death of a patient as some kind of defeat.
5) The role of volunteers: Originally, hospice is not a medical institution, and necessarily depends on volunteers in order to create a cooperative relationship with the community and to maintain the everydayness of the patients' lives. However, partly because many hospices in Japan are regarded as medical institutions, the role of volunteer and their work responsibility remains unclear in many cases.
6) The financial responsibility for the patients: Although hospice care is covered under the national insurance system (as well as a large amount of aid for medical expenses), patients still are responsible for paying the large sum of approximately 300,000 yen per month. When a patient requests a private room, the financial burden becomes even larger.
7) Community-based activities: As Professor Kellehear pointed out, in cases of the Western hospices, cooperation with and education through the local community takes place often and naturally. In Japan, however, these community-based activities, including at-home hospice care, are still not established.

(This article was written to provide a general background information of the hospice and palliative care units in Japan in preparation for the lecture by Professor Kellehear on March 10, 2004)

Public Health Developments in Australian Palliative Care

Allan Kellehear, PhD.

Palliative care is whole person care for anyone with a life-threatening illness for which there is no cure. It is more commonly understood as care of people with terminal illness or who may actually be dying. The development of modern palliative care world-wide traces its origins to Britain in the 1960s, USA and Canada in the 1970s, Australia in the 1980s and Japan in the 1990s. In Australia, palliative care features all the usual trade-marks of the broader health care system. Firstly, there are in-patient facilities – specially assigned wards or bed allocations for palliative care patients in hospitals.

Sometimes palliative care will have its own specially designated building site and facilities (i.e. a hospice). Both the hospice and in-patent hospital facility will be staffed by specialist medical and nursing personnel. Social workers, pastoral care workers and volunteers may also be a part of the palliative care staff profile at these sites. Occasionally these staff will be employed part-time or on a 'consultant' basis.

In addition, many inpatient programs also have an outpatient service where patients are able to come for several hours or one day to stabilize unpleasant or troublesome symptoms of their disease. Outpatients also have access to the broad array of multidisciplinary staff of the palliative care service.

Finally, palliative care services may also be community-based services – services that assist people to die at home. In this (common) type of program the local palliative care service will make initial medical and site assessments of the home situation. The patient will then have regular visits from different members of the palliative care team depending on the different needs of the patient and family. This team will usually work closely with the patient's usual general practitioner. In some rural and remote areas, the palliative care will be performed by a person from the District Nursing Service. This person will be supported by specialist and general medical and nursing staff from a nearby regional centre – perhaps a large town. In this context palliative care relies heavily on consultant services.

The role of the Palliative Care Unit at La Trobe University – a unit comprised of sociologists, pastoral care and public health staff – is to promote a public health approach to complement and balance these in-patient, outpatient and community-based services. The role of public health approaches are to (1) prioritise community care in partnership with services; (2) Encourage and support early intervention approaches to care; and (3) Encourage clinical services to make their social care mission more effective.

The public health approach – also known as health promoting palliative care – supports the central ideas of prevention, harm-reduction, early intervention, community development, participatory or partnership relationships, and an ecological approach to health. This means more than changing attitudes and simple behaviours to enhance quality of life at the end of life – it actually means changing the organisational and cultural contexts of everyday life to make dying, grieving and caring a shared community concern.

These ideas and practices are currently enshrined in the national palliative care guidelines published by the peak professional body in Australia – 'Palliative Care Australia' and these can be viewed on their web site – www.pallcare.org.au. The theory of health promoting palliative care can be gleaned from my book of the same name ['Health Promoting Palliative Care', Oxford University Press, Melbourne, 1999].

Allan Kellehear, PhD.
Visiting Professor of Australian Studies (2003-04) University of Tokyo, Japan.
Professor of Palliative Care, La Trobe University, Australia.

●Guide to related events●

◆ Kenji Matsuo (Yamagata University)
"Japanese Buddhism and Perspectives on Death and Life"
Summer lecture series
Class room not assigned yet

◆ Tadashi Nishihira, (Education, Department of Education)
"Life Cycle and the Formation of a Person"
Summer semester, Monday, second period
Hobun #1 building, room #113

◆ Seiichi Takeuchi, Susumu Shimazono
"Questioning the Dignity of Human Beings and the Ethics of Life"
Summer and Winter semester, Wednesday, 5th and 6th period
Hobun #1 building, room #215

We will posit various questions about human beings including the fundamental intellectual reasons for the dignity of human beings as well as issues related to the practice of bioethics in the actual situations of living. In Each lecture, a guest lector will speak for the first half of the class, and the latter will be spent on discussions.

April 21	Seiichi Takeuchi (Course Leader, Ethics) "Of itself" and "for oneself"
May 19	Naoki Inose (Writer) Regarding *Kokoro no Okoku*
June 16	Takashi Uchiyama (Rikkyo University, Philosophy) Forms of multilayered psychology
July 7	Tadashi Nishihira (Department of Education, Human Education) The Horizons of Jungian Psychology
October 6	Naoki Yahagi (Medical School, Emergency Medicine) Theory of Happiness seen from Emergency Room
October 20	Norihiro Kato (Meiji Gakuin University, Literary Criticism) Revelation in Hitoshi Iwaaki's *Kiseiju*, Kazushige Abe's *Shinsemia,* and Haruki Murakami's *Umibe no Kafuka*
November 10	Noriyuki Ueda (Tokyo Institute of Technology, Cultural Anthropology) Reconstructing the "Meanings of Living"
December 1	Toru Nishigaki (Interfaculty Initiative in Information Studies, Information Studies) America within Minds of Japanese
January 12	Susumu Shimazono (Course Leader, Religious Studies) Issues in Death and Life Studies and Bioethics

"Journal of Death and Life Studies" (spring volume, 2004) has been published!

INDEX

●Organizational Chart●

Program Leader

SHIMAZONO Susumu <Religious Studies>

Section 1: Re-thinking Death and Life Studies from the Perspective of Practical Philosophy

TAKEUCHI Seiichi <Ethics>

KUMANO Sumihiko <Ethics>

ICHINOSE Masaki <Philosophy>

MATSUNAGA Sumio <Philosophy>

SEKINE Seizo <Ethics>

SAKAKIBARA Tetsuya < Philosophy >

Section 2: Images and Perspectives on Death and Life

OSANO Shigetoshi <Art History>

KINOSHITA Naoyuki <Cultural Resources Studies>

ONUKI Shizuo <Archaeology>

Section 3: Civilization and Values Concerning the Perspectives of Death and Life

SHIMODA Masahiro <Indian Philosophy>

TADA Kazuomi <Japanese Literature>

ICHIKAWA Hiroshi <Religious Studies>

IKEZAWA Masaru <Religious Studies >

Section4: Investigation of the Perspective on Human Being as and Expression of Life Activities

TAKEGAWA Shogo <Sociology>

YOKOSAWA Kazuhiko <Psychology>

TACHIBANA Masao <Psychology>

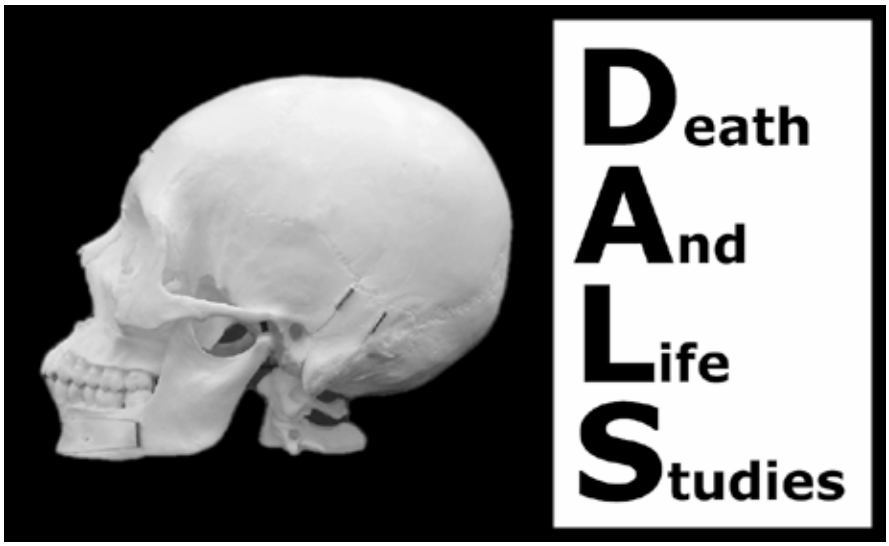
HAYASHI Toru <Linguistics>

AKABAYASHI Akira <Medical Ethics>

KAI Ichiro <Health Sciences>

NISHIHIRA Tadashi <Education>

AKIYAMA Hiroko <Social Psycholog >



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